

POWER OF ATTORNEY FOR HEALTH CARE

1. DESIGNATION OF AGENT:

I designate the following individual as my agent to make health-care decisions for me:

Agent's Name: Mallory M. Davis

Address: 7032 Love Road
Hernando, MS 38632

Phone: Home: (662)449-0921 Work: 901-497-6675

2. AGENT'S AUTHORITY

My agent is authorized to make all health-care decisions for me (INCLUDING decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive), except as I state here:

3. WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE

My agent's authority becomes effective when my primary physician determines that I am unable to make my own health-care decisions unless I mark the following box. If I mark this box [X], my agent's authority to make health-care decisions for me takes effect immediately.

4. AGENT'S OBLIGATION

My agent shall make health-care decisions for me in accordance with this power of attorney for health care, any instructions I give in this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health-care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

5. NOMINATION OF GUARDIAN

If a guardian of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as guardian, I nominate the alternate agents whom I have named in the order designated.

EFFECT OF COPY: A copy of this form has the same effect as the original.

SIGNATURE: Sign and date the form here:

Dewey E House III
[name]

04 FEB 09
[date]

Name: Dewey House III
Address: 7032 LOVE RD
HERNANDO, MS DESOTO County
Mississippi

WITNESSES:

This document must either be (a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature OR (b) acknowledged before a notary public in the state.

State of Mississippi
County of Desoto

On this 4th day of February, in the year 2009, before me,
Frances Davis appeared Dewey House III personally known to me
or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed
to this instrument, and acknowledged that he or she executed it. I declare under the penalty of
perjury that the person whose name is subscribed to this instrument appears to be of sound mind
and under no duress, fraud or undue influence.

Notary Seal

Frances Davis
(Signature of Notary)



Prepared by:
Frances Davis
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Hernando, MS 38632
901-413-1684 Phone